

					 				
AMEN	Docket No. 56253(71699)								
Application No.		Filing Date		Examiner		Art Unit			
09/904,200-Conf. #1223		July 11, 2001		D. M. Naff		1651			
Applicant(s): Chris	stopher S. Che	en et al.							
Invention: METHO	DS OF PATTI	ERNING PRO	TEIN AND CI	ELL ADHESIVITY					
		THE COMMI							
Transmitted herev				• •					
The fee has been	calculated and								
	Claims	Highest	S AS AMENI	JED T					
	Remaining After Amendment	Number Previously Paid	Number Extra Claims Present	Rate					
Total Claims	27	- 29 =		×					
Independent Claims	2	- 3 =		x					
Multiple Depende	ent Claims (ch	eck if applicabl	e)						
Extension for response within third month; Request for continued examination (RCE) (see 37 CFR 905.00 1.114)									
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT: 905.00									
Large Entity				x Small Entity		······································			
No additional	l fee is require	d for this amer	ndment.						
x Please charg	•	ount No0		n the amount of \$	905.00	·			
A check in th	e amount of \$		to cover	the filing fee is encl	osed.				
Payment by	credit card. Fo	orm PTO-2038	is attached.						
The Director is hereby authorized to charge and credit Deposit Account No04-1105 as described below. A duplicate copy of this sheet is enclosed.									
	ıy overpayiner								
$=$ \times I			professing	fees required under 3	7 CFR 1.16 a	ind 1,17.			
Dated: December 28, 2005									
Lisa Swiszcz Ha Attorney Reg. N	X.	7							
EDWARDS AND	GELL PALME	DODGE L	LP						
P.O. Box 55874									
Boston, Massac (617) 439-4444	nuseπs 0220	5							
(2.1.)									
				al Service as Express Mail					
				450 Alexandria VA 2231					
Dated: December 28, 26	005	Signature:	Judy	Malefylidy	Daley)				

PTO/SB/17 (12-04v2)
Approved for use through 7/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004.

Complete if Known

Effective Fees pursuant to the Consolidate	e on 12/08/200 ted Appropriat		Application Nun		9/904,200-C						
FEE TRANSMITTAL				July 11, 2001							
For FY 2005					Christopher S. Chen						
<u> For</u>	Examiner Name		D. M. Naff								
X Applicant claims small entity status. See 37 CFR 1.27			Art Unit	1	1651						
TOTAL AMOUNT OF PAYMENT (\$) 905.00			Attorney Docket No. 56253(71699								
METHOD OF PAYMENT (check ail that apply)											
Check Credit Card Money Order Other (please identify):											
x Deposit Account Deposit Account Number: 04-1105 Deposit Account Name: The Johns Hopkins University											
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)											
x Charge fee(s)) indicated b	elow	Charge	e fee(s) indi	cated below, e	xcept for the	e filing fee				
X Charge any a fee(s) under		(s) or underpayment of and 1.17	x Credit	any overpa	yments						
FEE CALCULATION											
1. BASIC FILING, SEARCI	I, AND EXA	MINATION FEES									
	FILI	NG FEES SE Small Entity	ARCH FEES Small Entity	EXAMIN	ATION FEES Small Entity						
Application Type	Fee (\$)	Fee (\$) Fee (\$		Fee (\$)	Fee (\$)	Fees Pa	aid (\$)				
Utility	300	150 500		200	100						
Design	200	100 100		130	65						
Plant	200	100 300		160	80						
Reissue	300	150 500		600	300						
Provisional	200	100 0	0	0	0						
2. EXCESS CLAIM FEES						Fee (\$)	Fee (\$)				
Fee Description Each claim over 20 (includ	ing Reissue	s)				50	25				
Each independent claim ov	er 3 (includ	ing Reissues)				200	100				
Multiple dependent claims					•	360	180				
Total Claims											
2729=	× -	=		<u>Fee</u>	<u>(\$)</u> !	Fee Paid (\$)					
Indep. Claims Extra	Claims	Fee (\$) Fee	Paid (\$)				_				
2 -3=	x	=				•					
3. APPLICATION SIZE FEI											
If the specification and dr listings under 37 CFR	1.52(e)), the	application size fee de	ue is \$250 (\$125 f								
sheets or fraction there		, , , , , ,	` '		P- 443	F	-: (e)				
	xtra Sheets		additional 50 or frac		<u>Fee (\$)</u>	<u>Fee P</u>	aid (\$)				
100 = 4. OTHER FEE(S)		/50	(round up to a who	ne number) x		=	Paid (\$)				
	on. \$130 f	ee (no small entity disc	count)			Fees F	aid (\$)				
Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filling surcharge): 2253 Extension for response within third month 510.00											
	2	804 Request for cor	tinued examinat	ion (RCE)	(see 37	395	5.00				
SUBMITTED BY (7 . /	770									
Signature			Registration No. (Attorney/Agent)	44,368	Telephone	(617) 439	-4444				
Name (Print/Type) Lisa Swis	zcz/Hasza	rd /			Date [ecember 2	8, 2005				
					·						
		//)_									
I hereby certify that this corr	respondence	is being deposited with t	he U.S. Postal Serv	ice as Expre	ess Mail, Airbill N	lo. EV756266	184US,				
in an envelope addressed to: MS RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.											
		(C)	110	L //	/,						
Dated: December 28, 2005 Signature: All Medical (Judy Daley)											